DOCUMENT RESUME

ED 287 429 HE 020 895

AUTHOR Christiansen, Richard
TITLE Program Review Report on the College of Dentistry, University of Florida.
INSTITUTION State Univ. System of Florida, Tallahassee.
REPORT NO BOR-86-6
PUB DATE 27 Mar 86
NOTE 58p.
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Certification; Curriculum Development; *Delivery Systems; Demand Occupations; *Dentistry; Higher Education; Medical Research; Medical School Faculty; *Medical Services; Professional Education; Program Development; *Program Evaluation; Public Health; State Universities; Student Recruitment
IDENTIFIERS Florida; Site Visits; *University of Florida

ABSTRACT

The programs offered by the College of Dentistry at the University of Florida (UF) were reviewed by an outside consultant in order to provide information on the State University System's vision of the college and its mission for Florida, the support base for the program, and current directions and anticipated fiscal and human forces that help shape this health-care delivery system. A 2-day site visit to the Gainsville campus was supplemented by numerous reports submitted for the consultant's assessment. After an introductory review of the state of dental and oral health both nationally and in Florida, the history of the UF program is examined. The review focuses on the following areas: student pool and selection; program considerations (structure, research, clinical care, continuing education, faculty issues, equipment, etc.); oral health needs of the people of Florida; and distribution of the providers. General suggestions are offered regarding such areas as recruitment of minority students, affirmative action, faculty review, and dental needs of the elderly. It is concluded that the college appears to be on the threshold of growth in quality to the point of attaining a national leadership role, with a critical mass of quality faculty, staff, students, and space. Eight recommendations are provided to reach that potential. Licensure examination data are included in an appendix. (LB)

**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

HE

ED287429

# PROGRAM REVIEW OF

# D E N T I S T R Y

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

State University System of Florida

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

## *State University System of Florida*

JULY, 1987

DR. RICHARD CHRISTIANSEN
THE UNIVERSITY OF MICHIGAN

BEST COPY AVAILABLE

HE 020 895

PROGRAM REVIEW REPORT

ON THE

COLLEGE OF DENTISTRY

UNIVERSITY OF FLORIDA

Dr. Richard Christiansen

Dean, School of Dentistry

University of Michigan

Ann Arbor, Michigan 48109

State University System of Florida

Tallahassee

Approved by Board of Regents March 27, 1986

BOR 86-6

BEST COPY AVAILABLE

## ACKNOWLEDGEMENTS

In February, 1986, this consultant conducted a review of the programs offered by the College of Dentistry at the University of Florida. On the morning of February 11, preliminary meetings were held in Tallahassee in order to provide orientation concerning: the State University System's vision of the College of Dentistry and its mission for the people of Florida; the support base for the program; and the current directions and anticipated fiscal and human forces which help to shape this important health-care delivery system.

The next two days were devoted to consultation on the Gainesville campus with UF administrators and with College of Dentistry deans, faculty, and students. We also reviewed the physical facilities utilized by the College.

Both prior to and during the on-site visit, numerous reports were submitted for the consultant's critical assessment. The college had undergone several successful reviews over the past two years, including a full accreditation review by the American Dental Association; full documentation of that latter review was provided for examination, as well. The present review could not have proceeded in such an orderly manner without this thorough documentation. The cheerful availability of administrators and faculty made the visitation especially enjoyable.

Special recognition is given to Dr. William H. Caldwell, Faculty Program Consultant. Dr. Caldwell coordinated this particular review in a most

professional manner, assuring that the consultant was provided with complete information and was given special insight into the college, its mission and potential service to Florida.

The dean of the college, his designated coordinator, and the staff of the Academic Programs office are given special thanks for their cheerful and tireless efforts in making this visit a great success.

Richard L. Christiansen

TABLE OF CONTENTS


| | | |
|---|---|---|
| | Acknowledgements | i |
| I. | Introduction: A national perspective on dental and oral health status today, and an assessment of dental education in Florida | 1 |
| II. | History of the UF College of Dentistry program, and its current status | 5 |
| III. | The Review Focus | 9 |
| IV. | General suggestions concerning the UF dentistry program | 17 |
| V. | Summary of recommendations | 25 |
| VI. | Appendices | 27 |

# I. INTRODUCTION

The dental profession has established a remarkable record of care for the oral health of the people of the United States. The most prevalent disease of mankind, dental caries, is coming under control, and preventive measures are significantly reducing this painful disorder.

The decades of the 60's and 70's saw a major expansion of dental schools in this country. The financial stimulant for the expansion originated primarily through Federal projections of increased dental manpower needs. During these decades other advancements occurred, such as technological improvements in dental materials, new instrumentation, and practice efficiencies produced through auxiliary utilization. In the late 70's it became apparent that dental practitioners no longer had 5-10 weeks of patients scheduled ahead. The competition for patients in both medicine and dentistry gave credibility to the concept that there may be an optimal balance between manpower and the demand for care which leads to a preferred level of care, quality assurance and cost containment without significant overtreatment. Since 1980, dental schools have been reducing first year enrollments; the entering class of 1985 reflects a total drop of nearly 23 percent, nationally, from the late 1970's. Additionally, within the past 18 months Emory University and Oral Roberts University made decisions to discontinue their schools of dentistry; and at least three others have been involved in some form of discussion on threat of closure.

A 1984 report from the federal Department of Health and Human Services projected manpower needs for the health professions. The conclusions included the assessment that the dental profession should achieve a relative balance between manpower and demand for care by the turn of the century.

Areas of Increased Demand: The reduction of caries in the American population over the past twenty years, especially among young people, has created a remarkable increase in retention of natural teeth among the adult and senior population groups. This shift from large numbers of edentulous (people without teeth) to a greater proportion of dentulous persons (people with retained teeth) is prompting an increased demand for fixed prosthodontics (crowns and bridges) and reduced demand for full dentures. This trend toward more complicated forms of fixed restorative dentistry will likely continue along with increased demand for partial removable dentures. Treatment for periodontal diseases, orthodontic malrelations, and demand for more esthetically pleasing teeth will represent growth segments for the dental profession, as will the projected increasing demand from the geriatric population.

Along with the increases noted above, there are declines in the demand for children's restorative dentistry. However, it is anticipated that preventive practices in specialty areas such as sealants and interceptive orthodontics are likely to create a steady demand among the young population.

It is expected that before the end of the decade the economic picture faced by the average dentist will brighten as the aggregate growth in demand more fully utilizes available supply and the downward trend in real dental fees experienced since the early 1970's is reversed.

Through the end of the century, employment of personnel and purchase of equipment in the typical dentist's office may increase slowly but steadily, as dentists respond to meet increased demand for services. At the same time, consumers may face a slightly rising price of dental services relative to the overall rate of inflation, which may tend to dampen the rate of growth of consumption of dental services during the period.

It is projected that during the next decade the trend of declining numbers of applicants to dental schools will reverse; the attractiveness of dentistry will have been restored as a result of steadily rising dental incomes produced by the slowly tightening supply of dentists. Once this has occurred, the aggregate capacity of the dental education sector to absorb increasing numbers of applicants will determine if and when enrollments begin to expand.

Quality Assurance: Educational program accreditation and practitioner licensing requirements are the primary methods of assuring competence of new dental practitioners. However, assuring entry-level competence of new dentists does not necessarily guarantee that competence will be maintained throughout the profession over the years. Recently, several states have begun mandatory continuing education as a method of assuring continued competence. The profession has come to view continuing education as part of a quality assurance system that includes peer review, record audits, and self-assessment mechanisms.

Continuing education is important in helping dental personnel remain current and be in a position to implement changing concepts and practice patterns. The dental and dental auxiliary professions are beginning to develop self-assessment methods that will aid practitioners in identifying areas of deficiency; programs and courses of instruction that are available to remedy such deficiencies are also being identified.

The nation's supply of dentists increased by 30 percent between 1970 and 1982. Now, market forces have begun to exert their influence within the

educational sector, and the number of first-year enrollments have shown marked declines. These data are beginning to be reflected in the output of dental graduates.

The proportion of women in the dental work force is increasing at an accelerated pace, and is expected to increase by fivefold by the year 2000. However, information about the work patterns of women dentists is sparse and needs to be developed in order to better understand the implications of this changing work force on supply requirements. Minority student enrollments continue to increase as a proportion of total first-year enrollments, however they are still lower than is desirable.

The geographic distribution of dentists continues to show large variations across states. There are 964 designated shortage areas that exist for dentists; over three-fourths of these are located in non-metropolitan areas. Differential access to dental services continues to be a problem of concern and is tied closely to the socio-economic status of a given population.

The dental community has entered a time for reexamination, experimentation, and planning. Increased numbers of dentists, reduced caries prevalence, regulatory changes permitting advertising, and sluggish economic performance have converged in the early 1980's to produce a much more competitive market. As a result, new approaches to the organization, arrangement, and marketing of dental services are evolving. These need to be carefully monitored for efficiency and quality.

Changes in disease patterns and consequent treatment requirements could have a significant impact upon the future requirements for dental personnel. However, it is expected that within the next few years, growth in aggregate demand for dental services should approach the expected growth in supply and the two should remain in close balance for the next two decades.

## II. HISTORY OF THE UNIVERSITY OF FLORIDA DENTISTRY PROGRAM, AND ITS CURRENT STATUS

The J. Hillis Miller Health Center at the University of Florida in Gainesville is a modern complex of institutions which advances human health and educates tomorrow's leaders in the health profession. In addition to the medical and dental schools, the Health Center includes the College of Nursing, the College of Health Related Professions, the College of Pharmacy, the College of Veterinary Medicine, and the Shands Teaching Hospitals and Clinics. These facilities are integrated to provide a center for modern patient care and clinical experience in the health fields. The Health Center was expanded in 1975 to accomodate the space needs of the College of Dentistry and to provide additional needed space for the other colleges and the hospital. The College of Dentistry, the only dental school in the state of Florida, admitted its first 24 students in the fall of 1972. Currently 75-80 students are admitted each year. The College's Bulletin states its objectives as follows:

> "The primary objective of the College of Dentistry is to develop graduates who possess an orientation to the biological sciences; are sensitive to the needs of others; are skillful in all preventative, diagnostic, and therapeutic procedures; and are appreciative of new knowledge through research activities. They are self-learners who recognize the need for continuing their education to meet the needs of society. Above all, they are humanistic in their attitudes toward the public and the profession."

The 1983 Florida Legislature directed the Postsecondary Education Planning Commission (PEPC) to develop a comprehensive health professional education plan for the state. The PEPC review analyzed the type and size of programs needed to meet the state's needs, various state policies influencing health education, and the state's responsibilities to provide an opportunity for its residents to participate in these educational programs. The Commission provided a report on dental education to the Legislature in 1984.

Florida avoided the over-expansion of dental education that occurred in many states when federal monies became readily available. The College is one of the newest in the country, and has an innovative, nationally renowned, self-paced curriculum, as well as a strong regional reputation. Though the country may be entering a period of over-supply of dentists, Florida is a large and growing state and may not have that fate. The state is well-served by having one institution of high quality in dentistry.

The PEPC Report covered the following topics:

A. Supply of and demand for dentists in Florida;

B. Enrollment level at the University of Florida College of Dentistry;

C. Access to dental education;

D. Mission of the University of Florida College of Dentistry;

E. Tuition level and student indebtedness;

F. State financial aid programs of service commitments;

G. Dental needs of the elderly;

H. Continuing education;

I. Public health dentistry in Florida;

J. Graduates of foreign dental schools and licensure in Florida; and,

K. Education for dental hygienists, assistants and laboratory technologists.

Specific comments will be made about some of these issues later in this report.

The College of Dentistry is in a good position for growth. The closure of the Emory University predoctoral dental program will place more responsibility upon the College in as much as Emory was a major supplier of dentists in Florida for many years. Additionally, the high proportion of elderly in Florida relative to the rest of the country suggests that the College must develop progressive and aggressive programs dealing with geriatric oral health.

The College has been developing an enhanced program for research. These efforts include adoption of a new tenure and promotion document which requires time for research for every faculty member, and which specifies minimum academic expectations, including refereed publications, for each faculty rank. A training program in research methodology has also been initiated, as well as a program to assign young faculty to research mentors. Research support has grown in recent years, and currently exceeds $1.5 million per year. The enriched quality of research faculty at the College of dentistry has been rewarded with a National Institute of Dental Research Center grant in Periodontal Diseases.

Additionally, the College has made a commitment to the improvement of oral health care in the inner city of Jacksonville. In April, 1986, the College begins its participation in this effort by serving in a new dental clinic, complete with faculty, general practice residents, and senior level

dental students. The College's present rural extramural experience at Lafayette County Dental Health Center, Mayo, Florida, will then be complemented by the inner city experience in Jacksonville. The College's various clinics provide a valuable service to the residents of Florida; in many cases the patients represent indigent individuals who would otherwise not receive dental care.

The College maintains a favorable relationship with the practicing community of dentists. Many of the dentists educated elsewhere around the country have adopted the College of Dentistry as their own institution. An advisory committee to the College was established early in the 1970's. The committee has a representative from each of the six districts of the Florida Dental Association, plus four at large members holding key positions in the Association.

The College of Dentistry has an excellent and spacious physical plant, a competent faculty and a quality student body. There remains a ratio of at least 2.3 Florida applicants for every available position in the first year enrolled class. To this date, 524 Doctor of Dental Medicine (DMD) degrees and 73 specialty certificates have been awarded. The graduates pass the Florida boards at the 90 percent level, and score above average on the National Board Examinations.

## III. THE FOCUS OF THIS REVIEW

It is timely to conduct this review assessing the achievements and progress of this relatively young health educational unit of the University of Florida. The mission of the college is to provide oral health care to the people of Florida, through education, research and service activities. This review will focus on factors contributing to success in carrying out this mission.

### A. STUDENT POOL AND SELECTION.

The usual process through which a student gains admission to a dental school begins with the student submitting an application profile to a centralized application service. The service distributes copies of those credentials to schools the student has designated; a school then requests formal applications directly from qualified students who best seem to fit the institution's mission and requirements. Those students submitting formal applications are screened, and a subset are subsequently invited to interview; offers of positions are made to successful interviewees. A service in Iowa provides the University of Florida College of Dentistry with its initial application data.

The total number of applicants to dental schools has been declining for the past five or six years, and the nationwide figure is now approximately 1.3 qualified applicants per available position. Nevertheless, Florida has been recently in the position of receiving over 400 completed applications for the approximately 80 first year positions it has to fill annually; about 40% of these are Florida residents. The College will interview approximately twice as many students as are finally admitted.

Students typically will have completed B.S. degree programs similar to pre-medical-student courses of study; and they will have undergraduate GPA's in the 3.0 to 4.0 range, coupled with acceptable Dental Aptitude Test scores.

The UF College of Dentistry has dedicated a significant effort to minority student recruitment. This has included the activity associated with the College's Health Careers Opportunity Program grant from the Federal Government and also special awareness programs the College conducts in public schools. The efforts seem to be paying off; to date, the College has admitted 33 black students, has graduated 12 of those, and has 16 still enrolled and making progress toward degree completion. The 1986 entering class will include six more blacks--none of whom has been admitted as an exception.

In addition to its success in attracting black students, the College has drawn heavily from other minority populations, notably Hispanics, and has also enrolled a significant number of women. About 36 percent of the 1986 entering class will be from minority groups, and over 36 percent will be women. Ninety-five percent of the students will be Florida residents, and all regions of the state will be represented.

It should be noted that, despite a modest decline in total applications to the College over the past few years, the number of Florida resident applications has remained relatively stable. This latter phenomenon has not been the case in many other states, and indicates that the demographics of Florida support the level of access to dental education Florida is currently providing for its residents.

The overall attrition rate the College has experienced among its students has been about 6 percent, and the success rate of its graduates on the state licensure examination has been over 90 percent. These figures compare

favorably nationally, and indicate the level of success the University is having with its professional dental education program. It should be noted further that about 90 percent of the graduates ultimately practice in Florida, perhaps after obtaining additional education elsewhere, so that the state truly reaps the benefits of the investment it has made.

Only 15-20 percent of those who take the Florida licensure examination in a given year will be graduates of the UF program. However, most of the UF graduates will pass and will soon practice in Florida. Only about 50 percent of all those taking the exam in a given year will pass it. Many of those from out-of-state who do pass will not set up practice in Florida. Thus, it appears that for the past few years the College has been producing about 40 percent of the new dentists entering practice, in Florida. Detailed licensure examination data is provided in the appendix.

B. PROGRAM CONSIDERATIONS

1. The program structure. The developmental phase of the College of Dentistry focused upon the need to create a quality educational unit to provide dental practitioners for the State of Florida. Although education of undergraduate students received the major attention during these early years, the current mission now offers an increased component of service and research. Dental education requires an intensive commitment of faculty time; thus, early attention was given to developing modular units of audiovisual education experiences, which are self-taught and are supplemented by personal instructional consultation from faculty members. (The Federal Government provided considerable support to this form of education, on a national basis.) The modules developed at UF are now undergoing revision on a schedule which will

assure a curriculum which is up-to-date.

The first two years of the four year program stress the basic biological sciences such as anatomy, biochemistry, physiology, and pathology; many of these courses are taken in common with the medical students. Since all of the human biomedical sciences are contained within the same building, the interactions and interdisciplinary activities are automatically enhanced.

The final two years of the program concentrate on clinical issues with attention given to diagnosis, treatment planning, and the care of patients who come to the school's clinics from throughout the state of Florida. (The college has specialty care available in disciplines such as orthodontics, oral and maxillofacial surgery, pediatric dentistry, periodontics, and prosthodontics. A special center has been established to study and treat patients with disorders of the temporomandibular joint (jaw joint) and a variety of oral and facial pain problems found with increasing frequency in the citizens of the United States. More recently, new initiatives are being made in treating and researching the ever-increasing aging population and patients with periodontal (gum) diseases.

In summary, the dental core curriculum consists of balanced basic dental and clinical sciences and is taught through a system of courses some of which are partly self-instructional and all of which require proven competency of the student for advancement.

2. Research. The expanding research commitment of the College of Dentistry is leading the administration toward the development of a broadened advanced science-research education. Thus, preliminary plans are being made to develop a Master of Science and/or a Ph.D. program in oral biology. Such

an advanced degree program will create an improved balance between clinical education and basic research programs. Currently, the basic science faculty of the college is devoting time to clinical research/education programs to enrich the intellectual environment for students and promote faculty enrichment.

3. Special issues of clinical care. The College has made a commitment to care for the oral health needs of special patients who are medically compromised. These patients include those afflicted with viral infections such as hepatitis, herpes, and AIDS. Since many oral health providers are reluctant to treat these patients with special needs, the value of the school's contribution to these serious health issues must be highlighted.

The college has embarked upon a program of regional centers, the first component of which is currently being developed in Jacksonville. The Jacksonville community offers a significant underserved minority population base, thus the center will represent a significant expansion of the service role of the College and will also provide a new kind of clinical experience for the students doing clerkships there. Tentative plans call for additional regional centers to be developed, and special attention is being given to providing an outreach program in the southeastern area of the state.

4. Continuing Education Programs. January 1, 1986 marked the beginning of mandatory continuing education for the dental practitioners in Florida. It is expected that the College will assume a leadership role in providing these advanced education opportunities. The continuing education programs in the College currently represent the third largest of such offerings, nationally. About half of these courses are offered at sites away from Gainesville. The regional center(s) such as the one in Jacksonville are being targeted as

locations for an expanding continuing education effort. Many of these short, advanced courses require a special physical facility for actual hands-on clinical educational experiences.

5. Faculty development, promotion and tenure. Short courses developed by the College are available to the dental faculty to develop skills in research design and drafting of research applications. The new and more rigorous attention being given to research requires a greater awareness and determination of the faculty to improve in research competency. Promotion and tenure are determined by an appropriate balance of productivity in teaching, research, and service. The salary incremental adjustments are given based primarily upon individual merit recognized in research, education and service.

6. Affirmative action within the faculty. The College has demonstrated a decisive commitment to the hiring and promotion of minority and women faculty, but has experienced difficulty in securing minority faculty primarily because of the small numbers available in this job market. Currently, there are three part-time members and one full-time minority faculty member in the College of Dentistry. An additional full-time member may be added next year. Plans are being considered to offer a scholarship program to a limited number of minority dental students with potential for faculty status. Upon receipt of the DMD degree, these dentists may then compete for McKnight awards to support studies leading to masters or doctoral degrees. This form of career development, combined with a time-payback provision may serve well to develop, internally, well-qualified minority faculty members.

7. Space, equipment, computers, and instrumentation. The College is fortunate to have a reasonable commitment of space for its programs. The college administration has cooperated with medicine to utilize more efficiently the space for clinics and laboratories of greatest need while still protecting faculty and patients. The College administration, also, has developed an equipment replacement plan to help modulate the need for major or total replacement in the immediate future. It is recognized, however, that dental education is equipment/instrument intensive; capital investments can be considerable, even though appropriate replacement strategies have been adopted.

The college has begun a review of its needs for computer operations. Presently, the computer is being used for administrative support and in some individual research projects, but overall computer utilization is not extensive.

## C. ORAL HEALTH NEEDS OF THE PEOPLE OF FLORIDA.

The balance between population and providers suggests that Citizens of Florida have reasonable access to care in the economically secure areas with a gradient of availability elsewhere. The ratio of population to dentist in Florida is nearly 2,200/1, whereas the national ratio shows a greater dental density at 1,800/1. The immigration of dentists from other states has provided and should continue to provide the necessary dental manpower needed over and above the number of UF graduates to care for the rising population base. (The differences between the distribution of practice locations of immigration dentists and of UF graduates will be noted below.) Current projections suggest that population/manpower levels will be reasonable and acceptable if the current class size of 75-80 first year enrollees at the University of Florida is maintained.

D. DISTRIBUTION OF THE PROVIDERS.

Dentists from out-of-state who immigrate to Florida will generally settle in the growing urban and economically strong regions of the state. While only two percent of the immigrating dentists settle in rural and small community regions, it has been noted that fifteen percent of the UF graduates settle in these less populated areas. Through the communication network with alumni, the college has established a matching program for new graduates along with a clearing directory for associateships. Additional placement opportunities are obtained through ties to the practice location offices of the Florida Dental Association. The college administrators are aware of the underserved areas of the state and plan to concentrate on this issue in the near to intermediate future.

An immigration subset worthy of comment is the foreign-trained and Florida licensed dentist who typically settles in urban regions. These dentists represent a special challenge for continuing education courses, since their academic and clinical training may not blend well into the curriculum being offered through continuing education by the college or elsewhere nationally. The college is fully aware of those needs, but limited resources prevent rapid expansion in this area.

## IV. GENERAL SUGGESTIONS AND COMMENTS CONCERNING THE PROGRAM

1. Student Recruitment With Minority Emphasis: The quality of the program, along with the moderate tuition levels, suggests that reasonable demand for the class positions will continue to exist from both instate and outstate students. The College may now find opportunities to selectively recruit students directly from underserved areas, with the hope that they will return to these regions upon completion of the degree.

Minority recruitment may be enhanced through the network of 110 black dentists now practicing in Florida. The regional centers should also provide a stimulant to aspiring minority students at the high school level through close, local interaction. Tuition waiver or tuition relief may represent another avenue for assurance of reaching target minority enrollments. Retention of minority students represents a national challenge. It's recognized that UF provides many opportunities for remediation where it is indicated. Enhanced tutorial experiences and study-skill consultation may also be of value to the program.

2. Affirmative Action: The ideas under consideration by the administration for possible financial support and promotion of advanced education beyond the DMD degree may well set a new course nationally for active positive support to this needed endeavor. An integrated program of regional centers, increased involvement of the Florida Medical, Dental, and Pharmaceutical Association and interactive programs with selective sister colleges in the state are other avenues to explore in the future.

3. Research Directions: The College is taking great strides in the enrichment of the research component of the program. The development of plans for advanced degrees in oral biology are clearly indicated and timely to coincide with the research growth. Initiation of a research degree program will assist in attracting top candidates to the College and University.

The College has been changing from an institution basically seeking to educate dentists to one with greater emphasis on research and on the development of new knowledge. This growing support for research is applauded and should be encouraged to continue. The educational programs for the research orientation of the faculty are to be complimented, also.

There are potential collaborative programs for intellectual growth, such as through cooperation with veterinary medicine, pharmacy, and engineering. The exposure of pharmacy students and dental students to each others' educational programs should enrich the appreciation for the high levels of intake of medicines in certain population groups such as aging individuals, and the variety of health risks presented during oral health care to these patients.

Being located in the Health Center, the College is in a unique position to develop superb, cooperative research programs with pharmacy, engineering, veterinary medicine and medicine. Many of the basic biological and technical questions in dentistry have relevance to nearly every other field, especially the health professions. This sort of cooperation brings new insight and new perspectives to the laboratory and to the clinical environment.

4. Faculty Review, Promotion and Merit: The proposed new guidelines for promotion within the full professor category have great potential for

motivating the full professor to continue intellectual progress. Some faculty members expressed concern about the stiffening of requirements for promotion; however, this is typical of most dental schools. The faculty universally expressed support of the concept of having thorough annual reviews by their immediate supervisor, in order to be fully aware of progress toward promotion or of the basis for merit pay increases. The concept of basing incremental changes in pay on merit was universally acclaimed. As the College reviews its mission, and guidelines for tenure, promotion, merit pay, etc., are revised, it is recommended that both clinical and basic science faculty be involved, since these two groups traditionally have different concepts of mission.

5. Students: The students expressed a general interest in becoming involved in the clinics earlier in the program. Thought could be given to utilizating students as assistants who could assist in recall programs, etc. Some students suggested that more rigid deadlines would be helpful in the modular units. The comprehensive care program appears to be progressing well; the switch to fixed clinical centers may be enhanced in future years by the consideration of an instrument rental program and the phasing down of student purchase of instruments. Some students noted that a student lounge or dining area would be very beneficial to the students for more efficient use of their time. Administration may also wish to examine the feasibility of having the clinics open from 9AM - 5PM by rotating faculty assignments to cover the mid-day hours.

Generally, students were very supportive of the administration and responded well to the ongoing changes within the College.

6. The following comments refer to concerns discussed in the PEPC report:

A. THE SUPPLY OF AND DEMAND FOR DENTISTS IN FLORIDA.

The best projections suggest that the College's presence is necessary to supply a vital part of the dentists and dental education experiences to the state of Florida. The Dean and faculty are dedicated to placing dentists strategically about the state and to making care available to currently underserved populations. The growing population of Florida will be served by both the immigrant dentist and the UF graduate. The College must target the continuing education needs of the state which have now become mandatory in Florida for licensure continuance. A state which has such a diverse dental practitioner base as Florida can benefit from the leadership of a strong College of Dentistry and its recognition of the need for quality assessment, quality assurance, and, indirectly, cost containment. No new dental schools are needed or justified in the state of Florida at this time.

B. ENROLLMENT LEVEL AT THE UF COLLEGE OF DENTISTRY.

The best projections of population growth suggest that an entering class of 75-80 is appropriate, perhaps even necessary to maintain a reasonable balance within the state. The minority recruitment program is becoming very successful, and there is an increasing enrollment of female students. The college should continue to seek out the highest qualified minority and majority male and female dental students in Florida. The receipt of the Federal Health Career Opportunities Program is a significant achievement. Through it, the College may be able to set-up specific recruitment contacts in other Florida institutions, such as FAMU. The General Practice Residencies have

been expanded also; it is recommended that the GPR program be allowed to grow as faculty work-load permits. The GPR dentists can greatly assist in the outreach programs of the College.

C. ACCESS TO DENTAL EDUCATION.

Admission strategy is currently targeted to accept all capable Florida candidates. The closure of schools in the Southeastern region may create a larger cadre of candidates from beyond the borders of Florida, and may also increase the number of Florida residents applying to one in-state college. This gives emphasis to the importance of the UF College of Dentistry as an education site for residents of Florida.

D. MISSION; CONTINUING EDUCATION; FOREIGN TRAINED DENTISTS.

The college should continue to stress growth in the research segments of its mission. As noted previously, along with research, a research degree program could be considered to develop young investigators and to assist the specialists-in-training to become more effective clinical investigators.

The continuing education mission should also be expanded. The specific recommendations for development are as follows:

1. The dental profession is changing rapidly. The new technologies and biological discoveries need to be incorporated in all dental practices within Florida.
2. The immigration into Florida, especially of foreign-trained dentists, represents a special challenge; within this special category, the College can fulfill a very vital role. There is likely to be a broad range of professional preparation among this

group of dentists, and therefore the college must focus attention on bringing them into the mainstream of dental care practice in this country. This issue will not be easily resolved; it will require continuous examination.

3. Regional units, such as the one at Jacksonville, can serve as centers for continuing education. It is logical to consider expansion of the regional network to include a new unit centrally and another in the southeast part of the state.
4. A broadly-based continuing education program should emphasize the integration and cohesiveness of the roles of the dentist, the specialist, the hygienist, the assistant and the technician.

E. TUITION LEVELS.

Tuition requirements appear to be reasonable. The state is providing adequate support for Florida youth seeking dental careers.

F. DENTAL NEEDS OF THE ELDERLY.

Proper dental care for the aging is rapidly becoming a national issue, and is of special concern to Florida. The interaction of the College with the Veterans Administration is an appropriate collaboration and should benefit the entire state population in this regard.

The fastest growing segment of the population is the group over age 65. They possess different needs and have diverse cultural interests. The dental profession must respond to those needs with compassion, effectiveness and knowledge. There are really three subgroups among the elderly: a) the healthy; b) the frail; and, c) the functionally dependent. Each group's

needs provide specialized research and training opportunities for the College. The College has an opportunity to be a national leader in geriatric oral health care, and should view this population group as a top priority.

G. EDUCATION FOR DENTAL HYGIENISTS, ASSISTANTS, AND LABORATORY TECHNOLOGISTS.

It is recommended the state of Florida begin to examine carefully the total educational commitment to dental hygiene. It may be well to examine the historical basis for the development of the state's hygiene programs, and to assess the current supply/demand factors. New avenues to make the total dental health care team work more efficiently need to be explored.

## V. SUMMARY OF RECOMMENDATIONS

The College of Dentistry of the University of Florida appears to be on the threshold of growth in quality to the point of attaining a national leadership role. The critical mass of quality faculty, staff, students, and space are present. It is highly recommended that the State of Florida continue to view the College of Dentistry as a significant resource and as a unit with national leadership potential.

Recommendations:

1. The College should continue to support the growth of the basic and applied research base it has initiated so well;
2. The College should pursue the vigorous development of geriatric basic research and clinical studies;
3. The University should consider supporting the expansion of the regional centers for clinical care, taking into consideration their education and research capabilities;
4. Continuing education programs should be developed on several broad fronts, such as assisting foreign trained dentists, and refocusing practitioners to the rapidly changing profession of oral health;
5. The College should foster preventive dentistry programs for all age groups;
6. Treatment, care and research programs with a broad human interest beyond the confines of traditional restorative dentistry should be fostered. These will include nutrition, public health measures, oral facial pain, periodontal diseases, etc.

7. The expertise in oral facial pain and temperomandibular joint research, care, and service that has placed the College in a leadership position in these areas should continue to receive strong support;
8. Developing collaborative efforts with the Colleges of Medicine, Pharmacy, Veterinary Medicine, and Engineering would be very beneficial.

It has been a pleasure to review the College of Dentistry and I look with anticipation to the future growth and development of the entire University of Florida. The potentials are very exciting!

# APPENDICES

APPENDIX A

Consultant's Vita

CURRICULUM VITAE

| | | |
|---|---|---|
| NAME: | Christiansen, Richard Louis | |
| EDUCATION: | 1953-55 | Division of Science,<br>Iowa State University, Ames |
| | 1955-59 | D.D.S.<br>College of Dentistry,<br>University of Iowa, Iowa City |
| | 1962-64 | M.S.D.<br>School of Dentistry,<br>Indiana University, Indianapolis<br>(Major, Orthodontics; Minor, Oral Pathology) |
| | 1966-70 | Ph.D.<br>Graduate School, Department of Physiology<br>University of Minnesota, Minneapolis<br>(Major, Cardiovascular Physiology) |
| PRESENT POSITION: | 1982- | School of Dentistry<br>Dean, and Professor of Dentistry,<br>The University of Michigan, Ann Arbor |
| | 1982- | Director, W.K. Kellogg Foundation Institute,<br>School of Dentistry,<br>The University of Michigan, Ann Arbor |
| BRIEF CHRONOLOGY OF EMPLOYMENT: | 1981-82 | Associate Director for Extramural Programs,<br>NIDR, NIH, Bethesda, Maryland |
| | 1973-81 | Chief, Craniofacial Anomalies Program Branch,<br>NIDR, Extramural Programs, and Principal<br>Investigator, NIDR, Dental Director Grade, NIH,<br>Bethesda, Maryland |
| | 1970-73 | Principal Investigator, Oral Medicine and<br>Surgery Branch, and Program Officer, Develop-<br>mental Biology and Oral-Facial Anomalies<br>Program, NIDR, NIH, Bethesda, Maryland |
| | 1966-70 | Department of Physiology,<br>University of Minnesota, NIH, USPHS,<br>Minneapolis, Minnesota<br>Bethesda, Maryland |
| | 1964-66 | Staff Orthodontist (Clinical Associate),<br>Oral Pharyngeal Development Section |

Oral Medicine and Surgery Branch,
National Institute of Dental Research (NIDR),
NIH

1962-64 Graduate Orthodontic Training, School of Dentistry, Indiana University, National Institutes of Health (NIH), USPHS, Indianapolis, Indiana

1960-62 Chief Dental Officer, USPHS OUtpatient Clinic, St. Louis, Missouri

1959-60 Dental Internship, USPHS Hospital, San Francisco, California

HONORS AND AWARDS:

Phi Eta Sigma
Omicron Kappa Upsilon Honorary Dental Society
American Denture Society Essay Award
Dental Students' Magazine Essay Award
Mosby Award
Valedictorian, School of Dentistry, University of Iowa, 1959
Commendation Medal, USPHS, DHHS, 1980
Certificate of Recognition, Contribution to Coordinating Committee, NIH Minority and Women Research and Training, 1982

Who's Who in the Midwest
Who's Who in the East
American Men and Women of Science
Personalities of the West and Midwest
Directory of International Biography
Who's Who in Government, U.S.
Who's Who in Technology Today

UNIVERSITY APPOINTMENTS:

Lecturer, Division of Orthodontics, University of Minnesota (1966-70)

Special Lecturer, Department of Orthodontics, School of Dentistry, University of Maryland (1970-82)

Professorial Lecturer, Department of Orthodontics, School of Dentistry, Georgetown University (1970-82)

Professor, Department of Orthodontics, School of Dentistry, The University of Michigan (1982- )

OTHER:

Dr. Christiansen holds membership in over fifteen professional dental organizations, and has held several

national committee memberships. He has served as consultant to over thirty-five colleges and universities, and has given numerous presentations and workshops. Dr. Christiansen is author or co-author of over forty research publications.

## APPENDIX B

## Licensure Examination Data

BN255

DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF DENTISTRY EXAM STATISTICS
SCHOOL ANALYSIS

PROCESSED: 07/30/83
1315

EXAM DATE - DECEMBER, 1982

DENTAL

| SCHL CODE | SCHOOL NAME | PASSED | | FAILED | | TOTAL | |
|---|---|---|---|---|---|---|---|
| 09-001 | UNIVERSITY OF FLORIDA | 14 | 73.7 | 5 | 26.3 | 19 | 100.0 |
| | TOTAL IN STATE SCHOOLS | 14 | 73.7 | 5 | 26.3 | 19 | 100.0 |

BN255

DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF DENTISTRY EXAM STATISTICS

PROCESSED: 07/30/83
1318

EXAM DATE : DECEMBER, 1982

DENTAL

| | * ORIGINAL | | * RETAKE | | * TOTAL | |
|---|---|---|---|---|---|---|
| TOTAL CANDIDATES SCHEDULED | 178 | 63.9 | 104 | 37.1 | 280 | 100.0 |
| EXAMINED | 154 | 81.8 | 96 | 36.4 | 250 | 89.3 |
| NO SHOWS | 32 | 71.0 | 8 | 36.4 | 30 | 10.7 |
| CANDIDATES EXAMINED WRITTEN | | | | | | |
| PASS | 108 | 70.8 | 15 | 48.4 | 124 | 67.0 |
| FAIL | 48 | 29.2 | 16 | 51.6 | 61 | 33.0 |
| TOTAL | 164 | 83.2 | 31 | 16.8 | 185 | 100.0 |
| CLINICAL | | | | | | |
| PASS | 101 | 66.6 | 29 | 32.2 | 130 | 53.3 |
| FAIL | 53 | 34.4 | 61 | 67.8 | 114 | 46.7 |
| TOTAL | 154 | 63.1 | 90 | 36.9 | 244 | 100.0 |
| TOOK COMPLETE EXAM | | | | | | |
| PASS | 83 | 53.9 | 4 | 15.4 | 87 | 48.3 |
| FAIL | 71 | 46.1 | 22 | 84.6 | 93 | 51.7 |
| TOTAL | 154 | 85.6 | 26 | 14.4 | 180 | 100.0 |

| | * RETAKE ANALYSIS BY NUMBER OF RETAKES | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1ST RETAKE | | 2ND RETAKE | | 3RD RETAKE | | MORE THAN 3 RETAKES | | TOTAL | |
| WRITTEN ONLY | | | | | | | | | | |
| PASS | 4 | 80.0 | 1 | 20.0 | 0 | 0.0 | 0 | 0.0 | 5 | 100.0 |
| FAIL | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| TOTAL | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 5 | 100.0 |
| CLINICAL ONLY | | | | | | | | | | |
| PASS | 12 | 33.4 | 8 | 61.5 | 1 | 20.0 | 0 | 0.0 | 21 | 32.3 |
| FAIL | 25 | 67.6 | 5 | 38.5 | 4 | 70.0 | 10 | 100.0 | 44 | 67.7 |
| TOTAL | 37 | 57.0 | 13 | 20.0 | 5 | 7.7 | 10 | 15.7 | 65 | 100.0 |
| TOOK COMPLETE EXAM | | | | | | | | | | |
| PASS | 3 | 13.6 | 1 | 25.0 | 0 | 0.0 | 0 | 0.0 | 4 | 15.4 |
| FAIL | 19 | 86.4 | 3 | 75.0 | 0 | 0.0 | 0 | 0.0 | 22 | 84.6 |
| TOTAL | 22 | 84.6 | 4 | 15.4 | 0 | 0.0 | 0 | 0.0 | 26 | 100.0 |

** BIOGRAPHICS

| AGE GROUP | UNDER 33 YRS | | 33 - 38 YRS | | 39 - 39 YRS | | 38 - 48 YRS | | OVER 48 YRS | | NOT REPORTED | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PASS | 0 | 0.0 | 67 | 83.0 | 31 | 39.7 | 3 | 3.8 | 6 | 9.6 | 1 | 0.9 | 108 | 43.4 |
| FAIL | 0 | 0.0 | 81 | 36.3 | 48 | 34.0 | 14 | 9.9 | 33 | 18.3 | 5 | 3.5 | 141 | 56.6 |
| TOTAL | 0 | 0.0 | 118 | 47.4 | 79 | 31.7 | 17 | 6.8 | 39 | 11.6 | 6 | 2.4 | 249 | 100.0 |

| SEX | MALE | | FEMALE | | NOT REPORTED | | TOTAL | |
|---|---|---|---|---|---|---|---|---|
| PASS | 104 | 96.3 | 4 | 3.7 | 0 | 0.0 | 108 | 43.4 |
| FAIL | 130 | 85.1 | 21 | 14.9 | 0 | 0.0 | 141 | 56.6 |
| TOTAL | 234 | 90.0 | 25 | 10.0 | 0 | 0.0 | 249 | 100.0 |

| RACE | CAUCASIAN | | BLACK | | SPANISH | | ORIENTAL | | OTHER | | NOT REPORTED | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PASS | 97 | 89.8 | 0 | 0.0 | 8 | 5.8 | 0 | 0.0 | 0 | 4.8 | 0 | 0.0 | 108 | 43.4 |
| FAIL | 88 | 69.5 | 5 | 3.5 | 15 | 10.8 | 3 | 3.1 | 30 | 14.3 | 0 | 0.0 | 141 | 56.6 |
| TOTAL | 185 | 78.3 | 5 | 2.0 | 21 | 8.4 | 3 | 1.2 | 25 | 10.0 | 0 | 0.0 | 249 | 100.0 |

| * OVERALL | | |
|---|---|---|
| PASS | 113 | 45.2% |
| FAIL | 137 | 54.8% |
| TOT | 250 | 100.0% |

*Amended 2/3/83 - Overall statistics include the discrepancies and hand scored candidates that the computer could not report.

** The biographic statistics were not amended.



BEST COPY AVAILABLE

BN255

DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF DENTISTRY EXAM STATISTICS
SCHOOL ANALYSIS

PROCESSED: 07/27/83
1432

EXAM DATE - JUNE, 1983

DENTAL

| SCHL CODE | SCHOOL NAME | PASSED | | FAILED | | TOTAL | |
|---|---|---|---|---|---|---|---|
| 09-001 | UNIVERSITY OF FLORIDA | 38 | 92.7 | 3 | 7.3 | 41 | 100.0 |
| | TOTAL IN STATE SCHOOLS | 38 | 92.7 | 3 | 7.3 | 41 | 100.0 |

39

DN255

DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF DENTISTRY EXAM STATISTICS

PROCESSED: 07/27/83
1432

EXAM DATE - JUNE, ~~1982~~ 1983

DENTAL

| | ORIGINAL | | RETAKE | | TOTAL | | OVERALL | |
|---|---|---|---|---|---|---|---|---|
| TOTAL CANDIDATES SCHEDULED | 344 | 81.0 | 76 | 19.0 | 420 | 100.0 | PASS ~~246~~ | 70.3% |
| EXAMINED | 273 | 78.6 | 73 | 21.4 | 350 | 85.4 | FAIL 104 | 29.7% |
| NO SHOWS | 57 | 95.0 | 3 | 5.0 | 60 | 14.6 | TOTAL 350 | 100.0% |
| CANDIDATES EXAMINED | | | | | | | | |
| WRITTEN | | | | | | | | |
| PASS | 226 | 82.2 | 14 | 70.0 | 240 | 81.4 | | |
| FAIL | 49 | 17.8 | 6 | 30.0 | 55 | 18.6 | | |
| TOTAL | 275 | 93.2 | 20 | 6.8 | 295 | 100.0 | | |
| CLINICAL | | | | | | | | |
| PASS | 235 | 83.5 | 52 | 73.2 | 287 | 82.9 | | |
| FAIL | 47 | 16.5 | 19 | 26.8 | 59 | 17.1 | | |
| TOTAL | 275 | 79.5 | 71 | 20.5 | 346 | 100.0 | | |
| TOOK COMPLETE EXAM | | | | | | | | |
| PASS | 193 | 70.5 | 8 | 53.3 | 201 | 69.8 | | |
| FAIL | 81 | 29.5 | 7 | 46.8 | 88 | 30.2 | | |
| TOTAL | 275 | 94.5 | 16 | 5.5 | 291 | 100.0 | | |

RETAKE ANALYSIS BY NUMBER OF RETAKES

| | 1ST RETAKE | | 2ND RETAKE | | 3RD RETAKE | | MORE THAN 3 RETAKES | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|
| WRITTEN ONLY | | | | | | | | | | |
| PASS | 0 | 0.0 | 2 | 100.0 | 0 | 0.0 | 1 | 100.0 | 3 | 75.0 |
| FAIL | 0 | 0.0 | 0 | 0.0 | 1 | 100.0 | 0 | 0.0 | 1 | 25.0 |
| TOTAL | 0 | 0.0 | 2 | 50.0 | 1 | 25.0 | 1 | 25.0 | 4 | 100.0 |
| CLINICAL ONLY | | | | | | | | | | |
| PASS | 1 | 100.0 | 18 | 94.7 | 12 | 70.6 | 9 | 50.0 | 40 | 72.7 |
| FAIL | 0 | 0.0 | 1 | 5.3 | 5 | 29.4 | 9 | 50.0 | 15 | 27.3 |
| TOTAL | 1 | 1.8 | 19 | 34.5 | 17 | 30.9 | 18 | 32.7 | 55 | 100.0 |
| TOOK COMPLETE EXAM | | | | | | | | | | |
| PASS | 1 | 100.0 | 7 | 70.0 | 1 | 20.0 | 0 | 0.0 | 9 | 56.3 |
| FAIL | 0 | 0.0 | 3 | 30.0 | 4 | 80.0 | 0 | 0.0 | 7 | 43.8 |
| TOTAL | 1 | 6.3 | 10 | 62.5 | 5 | 31.3 | 0 | 0.0 | 16 | 100.0 |

BIOGRAPHICS

| AGE GROUP | UNDER 23 YRS | | 23 - 29 YRS | | 30 - 35 YRS | | 36 - 40 YRS | | OVER 40 YRS | | NOT REPORTED | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PASS | 1 | 0.4 | 158 | 65.2 | 62 | 37.1 | 15 | 6.1 | 13 | 6.1 | 15 | 6.1 | 246 | 70.3 |
| FAIL | 0 | 0.0 | 47 | 45.2 | 25 | 24.0 | 11 | 10.6 | 13 | 12.5 | 8 | 7.7 | 104 | 29.7 |
| TOTAL | 1 | 0.3 | 205 | 58.6 | 67 | 19.1 | 26 | 7.4 | 28 | 8.0 | 23 | 6.6 | 350 | 100.0 |

| SEX | MALE | | FEMALE | | NOT REPORTED | | TOTAL | |
|---|---|---|---|---|---|---|---|---|
| PASS | 209 | 85.0 | 37 | 15.0 | 0 | 0.0 | 246 | 70.3 |
| FAIL | 92 | 88.5 | 12 | 11.5 | 0 | 0.0 | 104 | 29.7 |
| TOTAL | 301 | 86.0 | 49 | 14.0 | 0 | 0.0 | 350 | 100.0 |

| RACE | CAUCASIAN | | BLACK | | SPANISH | | ORIENTAL | | OTHER | | NOT REPORTED | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PASS | 213 | 86.6 | 4 | 1.6 | 18 | 7.3 | 9 | 3.7 | 0 | 0.0 | 2 | 0.8 | 246 | 70.3 |
| FAIL | 76 | 73.1 | 11 | 10.6 | 11 | 10.6 | 5 | 4.8 | 1 | 1.0 | 0 | 0.0 | 104 | 29.7 |
| TOTAL | 289 | 82.6 | 15 | 4.3 | 29 | 8.3 | 14 | 4.0 | 1 | 0.3 | 2 | 0.6 | 350 | 100.0 |

BN255

DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF DENTISTRY EXAM STATISTICS
STAFF ANALYSIS

PROCESSED: 03/14/84
2048

EXAM DATE - DECEMBER, 1983

DENTAL

| SCHL CODE | SCHOOL NAME | PASSED | | FAILED | | TOTAL | |
|---|---|---|---|---|---|---|---|
| 09-001 | UNIVERSITY OF FLORIDA | 13 | 86.7 | 2 | 13.3 | 15 | 100.0 |
| | TOTAL IN STATE SCHOOLS | 13 | 86.7 | 2 | 13.3 | 15 | 100.0 |

41

DENTAL

DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF DENTISTRY EXAM STATISTICS

PROCESSED: 03/14/84
2048

EXAM DATE - DECEMBER, 1983

| | ORIGINAL | | RETAKE | | TOTAL | |
|---|---|---|---|---|---|---|
| TOTAL CANDIDATES SCHEDULED | 215 | 62.1 | 22 | 12.1 | 198 | 122.2 |
| EXAMINED | 147 | 58.1 | 13 | 10.1 | 72 | 23.6 |
| NO SHOWS | 59 | 81.9 | 13 | 10.1 | | |
| CANDIDATES EXAMINED QUALIFIED | | | | | | |
| PASS | 121 | 87.1 | 14 | 87.5 | 117 | 78.0 |
| FAIL | 169 | 82.1 | 12 | 7.5 | 201 | 100.0 |
| TOTAL | | | | | | |
| ORAL DIAGNOSIS | | | | | | |
| PASS | 110 | 13.5 | 28 | 18.8 | 138 | 85.7 |
| FAIL | 197 | 87.0 | 43 | 18.8 | 231 | 100.0 |
| TOTAL | | | | | | |
| CLINICAL | | | | | | |
| PASS | 110 | 12.5 | 23 | 21.5 | 133 | 87.1 |
| FAIL | 197 | 87.0 | 43 | 18.0 | 231 | 100.0 |
| TOTAL | | | | | | |
| COMPLETE EXAM | | | | | | |
| PASS | 99 | 11.1 | 28 | 17.1 | 119 | 32.0 |
| FAIL | 197 | 88.3 | 43 | 18.8 | 238 | 100.0 |
| TOTAL | | | | | | |

*RETAKE ANALYSIS BY NUMBER OF RETAKES

| | 1ST RETAKE | | 2ND RETAKE | | 3RD RETAKE | | MORE THAN 3 RETAKES | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|
| COMPLETE EXAM | | | | | | | | | | |
| PASS | 0 | 0.0 | 1 | 33.3 | 0 | 0.0 | 0 | 0.0 | 1 | 33.0 |
| FAIL | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 2 | 100.0 | 2 | 100.0 |
| TOTAL | | | | | | | | | | |
| WRITTEN ONLY | | | | | | | | | | |
| PASS | 1 | 100.0 | 1 | 100.0 | 1 | 100.0 | 0 | 0.0 | 3 | 100.0 |
| FAIL | 1 | 20.0 | 3 | 60.0 | 1 | 20.0 | 0 | 0.0 | 5 | 100.0 |
| TOTAL | | | | | | | | | | |
| ORAL DIAG ONLY | | | | | | | | | | |
| PASS | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| FAIL | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| TOTAL | | | | | | | | | | |
| CLINICAL ONLY | | | | | | | | | | |
| PASS | 0 | 0.0 | 1 | 33.3 | 0 | 0.0 | 0 | 0.0 | 1 | 33.3 |
| FAIL | 0 | 0.0 | 1 | 33.3 | 1 | 33.3 | 0 | 0.0 | 2 | 100.0 |
| TOTAL | | | | | | | | | | |

DEMOGRAPHICS

| AGE GROUP | UNDER 25 YRS | | 25 - 29 YRS | | 30 - 35 YRS | | 36 - 40 YRS | | OVER 40 YRS | | NOT REPORTED | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PASS | 0 | 0.0 | 14 | 12.3 | 38 | 33.3 | 8 | 7.0 | 18 | 15.8 | 6 | 5.3 | 114 | 38.0 |
| FAIL | 0 | 0.0 | 104 | 44.8 | 77 | 33.3 | 31 | 13.4 | 36 | 15.5 | 10 | 4.3 | 232 | 100.0 |
| TOTAL | | | | | | | | | | | | | | |
| SEX | MALE | | FEMALE | | NOT REPORTED | | TOTAL | | | | | | | |
| PASS | 97 | 85.1 | 17 | 14.9 | 0 | 0.0 | 114 | 38.0 | | | | | | |
| FAIL | 190 | 81.9 | 42 | 18.1 | 0 | 0.0 | 232 | 100.0 | | | | | | |
| TOTAL | | | | | | | | | | | | | | |
| RACE | CAUCASIAN | | BLACK | | SPANISH | | ORIENTAL | | OTHER | | NOT REPORTED | | TOTAL | |
| PASS | 93 | 81.6 | 5 | 4.4 | 13 | 11.4 | 2 | 1.8 | 1 | 0.9 | 0 | 0.0 | 114 | 38.0 |
| FAIL | 164 | 69.3 | 7 | 3.0 | 39 | 16.5 | 14 | 5.9 | 3 | 1.3 | 1 | 0.4 | 236 | 100.0 |
| TOTAL | | | | | | | | | | | | | | |

*Since the oral diagnosis exam was given for the first time in December 1983 it was not a retake exam for any candidate. (However, almost all candidates were required to take the oral diagnosis exam whether they were an original or a retake.) Therefore, the retake analysis does not include oral diagnosis in any of the categories.

BN255L2

DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF DENTISTRY EXAM STATISTICS
STAFF ANALYSIS

PROCESSED: 07/18/84
2203

EXAM DATE - JUNE, 1984

DENTAL

| SCHL CODE | SCHOOL NAME | PASSED | | FAILED | | TOTAL | |
|---|---|---|---|---|---|---|---|
| 09-001 | UNIVERSITY OF FLORIDA | 50 | 98.0 | 1 | 2.0 | 51 | 100.0 |
| | TOTAL IN STATE SCHOOLS | 50 | 98.0 | 1 | 2.0 | 51 | 100.0 |

BA251L1

DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF DENTISTRY EXAM STATISTICS

EXAM DATE - JUNE, 1984

PROCESSED: 07/18/84
2201

| | ORIGINAL | | RETAKE | | DENTAL TOTAL | |
|---|---|---|---|---|---|---|
| TOTAL CANDIDATES SCHEDULED | 377 | 86.2 | 71 | 13.8 | 448 | 100.0 |
| EXAMINED | 326 | 91.9 | 5 | 8.1 | 62 | 13.8 |
| NO SHOWS | 29 | | | | | |
| CANDIDATES EXAMINED | | | | | | |
| WRITTEN | | | | | | |
| PASS | 271 | 84.7 | 22 | 71.0 | 293 | 83.5 |
| FAIL | 49 | 15.3 | 9 | 29.0 | 58 | 16.5 |
| TOTAL | 320 | 91.2 | 31 | 8.8 | 351 | 100.0 |
| ORAL DIAGNOSIS | | | | | | |
| PASS | 288 | 90.2 | 25 | 69.4 | 313 | 88.2 |
| FAIL | 31 | 9.7 | 11 | 30.6 | 42 | 11.8 |
| TOTAL | 319** | 89.9 | 36 | 10.1 | 355 | 100.0 |
| CLINICAL | | | | | | |
| PASS | 258 | 80.6 | 32 | 66.7 | 290 | 78.8 |
| FAIL | 62 | 19.4 | 16+ | 33.3 | 78+ | 21.2 |
| TOTAL | 320 | 87.0 | 48 | 13.0 | 368 | 100.0 |
| TOOK COMPLETE EXAM | | | | | | |
| PASS | 219 | 68.4 | 5 | 45.5 | 224 | 67.7 |
| FAIL | 101 | 31.6 | 6+ | 54.5 | 107+ | 32.3 |
| TOTAL | 320 | 96.7 | 11 | 3.3 | 331 | 100.0 |

OVERALL

PASS 293 66.1%
FAIL* 131 33.9%
TOTAL 386 100%

RETAKE ANALYSIS BY NUMBER OF RETAKES

| | 1ST RETAKE | | 2ND RETAKE | | 3RD RETAKE | | MORE THAN 3 RETAKES | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|
| WRITTEN ONLY | | | | | | | | | | |
| PASS | 1 | 100.0 | 7 | 66.7 | 1 | 100.0 | 0 | 0.0 | 1 | 80.0 |
| FAIL | 0 | 0.0 | 3 | 33.3 | 0 | 0.0 | 0 | 0.0 | 4 | 100.0 |
| TOTAL | 1 | 20.0 | 3 | 60.0 | 1 | 20.0 | 0 | 0.0 | | |
| ORAL DIAG ONLY | | | | | | | | | | |
| PASS | 0 | 0.0 | 4 | 100.0 | 0 | 0.0 | 1 | 100.0 | 5 | 83.3 |
| FAIL | 0 | 0.0 | 0 | 0.0 | 1 | 100.0 | 0 | 0.0 | 1 | 100.0 |
| TOTAL | 0 | 0.0 | 4 | 66.7 | 1 | 16.7 | 1 | 16.6 | 6 | |
| CLINICAL ONLY | | | | | | | | | | |
| PASS | 1 | 100.0 | 8 | 61.5 | 1 | 100.0 | 0 | 0.0 | 12 | 85.7 |
| FAIL | 0 | 0.0 | 5 | 38.5 | 0 | 0.0 | 1 | 100.0 | 2 | 14.3 |
| TOTAL | 1 | 5.3 | 13 | 68.4 | 1 | 21.0 | 1 | 5.3 | 14 | 100.0 |
| TOOK COMPLETE EXAM | | | | | | | | | | |
| PASS | 0 | 0.0 | 5 | 55.6 | 0 | 0.0 | 0 | 0.0 | 5 | 45.5 |
| FAIL | 1 | 100.0 | 4 | 44.4 | 0 | 0.0 | 1+ | 100.0 | 6+ | 54.5 |
| TOTAL | 1 | 9.1 | 9 | 81.8 | 0 | 0.0 | 1 | 9.1 | 11+ | 100.0 |

| AGE GROUP* | UNDER 21 YRS | | 21 - 29 YRS | | 30 - 35 YRS | | 36 - 40 YRS | | OVER 40 YRS | | NOT REPORTED | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PASS | 0 | 0.0 | 102 | 61.5 | 31 | 20.0 | 13 | 5.1 | 16 | 6.3 | 13 | 5.1 | 293 | 66.1 |
| FAIL | 1 | 0.2 | 87+ | 38.5 | 39+ | 25.4 | 14+ | 8.3 | 12+ | 7.3 | 25 | 6.2 | 131+** | 33.9 |
| TOTAL | 1 | 0.2 | 229 | 58.9 | 70 | 18.0 | 27 | 6.9 | 28 | 7.2 | 38 | 9.8 | 386 | 100.0 |

| SEX | MALE | | FEMALE | | NOT REPORTED | | TOTAL | |
|---|---|---|---|---|---|---|---|---|
| PASS | 219 | 73.2 | 68 | 51.1 | 6 | 7.0 | 293 | 66.1 |
| FAIL | 101+* | 77.1 | 64 | 16.6 | 2 | 0.5 | 131+** | 33.9 |
| TOTAL | 320 | 82.9 | 64 | 16.6 | 2 | 0.5 | 386 | 100.0 |

| RACE | CAUCASIAN | | BLACK | | SPANISH | | ORIENTAL | | OTHER | | NOT REPORTED | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PASS | 225 | 71.7 | 3 | 1.2 | 11 | 3.7 | 11 | 4.2 | 1 | 3.1 | 2 | 7.0 | 293 | 66.1 |
| FAIL | 93+* | 28.3 | 12+* | 7.8 | 11 | 7.8 | 15 | 8.5 | 1 | 7.8 | 2 | 0.5 | 131+** | 33.9 |
| TOTAL | 318 | 82.3 | 15 | 3.8 | 22 | 5.8 | 26 | 6.7 | 2 | 0.5 | 4 | 1.0 | 386 | 100.0 |

*Includes candidate(s) who failed the exam because they should have taken the Oral Diagnosis portion of the exam but were not scheduled for it. They passed the portion that they took - Clinical.
+Includes candidates who were designated as failing because they did not take a portion of their scheduled exam.
**One original candidate was not required to take the Oral Diagnosis exam because she graduated from the University of Hawaii prior to 1967

BN255L2

DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF DENTISTRY EXAM STATISTICS
STAFF ANALYSIS

PROCESSED: 04/31/85
2201

EXAM DATE - DECEMBER, 1984

DENTAL

| SCHL CODE | SCHOOL NAME | PASSED | | FAILED | | TOTAL | |
|---|---|---|---|---|---|---|---|
| 09-001 | UNIVERSITY OF FLORIDA | 10 | 76.9 | 3 | 23.1 | 13 | 100.0 |
| | TOTAL IN STATE SCHOOLS | 10 | 76.9 | 3 | 23.1 | 13 | 100.0 |

45

SW2837Q Exam Date: December 1984

DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF DENTISTRY EXAM STATISTIC

PROCESSED: 11/11/84
2235

| | ORIGINAL | | RETAKE | | DENTAL TOTAL | | Dental 12/14-19/84 |
|---|---|---|---|---|---|---|---|
| TOTAL CANDIDATES SCHEDULED | 256 | 77.7 | 94 | 24.7 | 350 | 100.0 | OVERALL |
| EXAMINED | 213 | 71.6 | 84 | 28.4 | 296 | 82.7 | PASS 185 - 62.5% |
| NO SHOWS | 52 | 83.9 | 10 | 16.1 | 62 | 17.3 | FAIL 111 - 37.5% |
| | | | | | | | TOTAL 296 - 100% |
| CANDIDATES EXAMINED | | | | | | | |
| WRITTEN | | | 27 | 87.1 | 219 | 90.1 | |
| PASS | 192 | 90.0 | 4 | 12.9 | 24 | 9.9 | |
| FAIL | 20 | 9.4 | 31 | 12.8 | 243 | 100.0 | |
| TOTAL | 212 | 87.2 | | | | | |
| ORAL DIAGNOSIS | | | | | | | |
| PASS | 199 | 97.9 | 31 | 86.1 | 230 | 92.7 | |
| FAIL | 13 | 6.1 | 5 | 13.9 | 18 | 7.3 | |
| TOTAL | 212 | 85.5 | 36 | 14.5 | 248 | 100.0 | |
| CLINICAL | | | | | | | |
| PASS | 139 | 65.6 | 31 | 55.4 | 170 | 63.4 | |
| FAIL | 73 | 34.4 | 25 | 44.6 | 98 | 36.6 | |
| TOTAL | 212 | 79.1 | 56 | 20.9 | 268 | 100.0 | |
| TOOK COMPLETE EXAM | | | | | | | |
| PASS | 130 | 61.3 | 16 | 51.6 | 146 | 60.0 | |
| FAIL | 82 | 38.7 | 15 | 48.4 | 97 | 40.0 | |
| TOTAL | 212 | 87.2 | 31 | 12.8 | 243 | 100.0 | |

RETAKE ANALYSIS BY NUMBER OF RETAKES

| | 1ST RETAKE | | 2ND RETAKE | | 3RD RETAKE | | MORE THAN 3 RETAKES | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|
| WRITTEN ONLY | | | | | | | | | | |
| PASS | 0 | 0.0 | 4 | 100.0 | 0 | 0.0 | 1 | 100.0 | 5 | 100.0 |
| FAIL | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| TOTAL | 0 | 0.0 | 4 | 80.0 | 0 | 0.0 | 1 | 20.0 | 5 | 100.0 |
| ORAL DIAG ONLY | | | | | | | | | | |
| PASS | 0 | 0.0 | 7 | 100.0 | 4 | 100.0 | 1 | 100.0 | 12 | 100.0 |
| FAIL | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| TOTAL | 0 | 0.0 | 7 | 58.3 | 4 | 33.3 | 1 | 8.3 | 12 | 100.0 |
| CLINICAL ONLY | | | | | | | | | | |
| PASS | 1 | 100.0 | 18 | 72.0 | 3 | 37.5 | 0 | 0.0 | 22 | 62.9 |
| FAIL | 0 | 0.0 | 7 | 28.0 | 5 | 62.5 | 1 | 100.0 | 13 | 37.1 |
| TOTAL | 1 | 2.9 | 25 | 71.4 | 8 | 22.8 | 1 | 2.9 | 35 | 100.0 |
| COMPLETE EXAM | | | | | | | | | | |
| PASS | 0 | 0.0 | 11 | 45.8 | 2 | 66.7 | 3 | 75.0 | 17 | 51.1 |
| FAIL | 0 | 0.0 | 13 | 54.2 | 1 | 33.3 | 1 | 25.0 | 15 | 46.9 |
| TOTAL | 0 | 0.0 | 24 | 77.4 | 3 | 9.7 | 4 | 12.9 | 33 | 100.0 |

BIOGRAPHICS

| AGE GROUP | UNDER 23 YRS | | 23 - 29 YRS | | 30 - 35 YRS | | 36 - 40 YRS | | OVER 40 YRS | | NOT REPORTED | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PASS | 0 | 0.0 | 92 | 47.7 | 58 | 31.3 | 17 | 9.2 | 9 | 4.9 | 9 | 4.9 | 185 | 62.5 |
| FAIL | 0 | 0.0 | 45 | 40.5 | 35 | 31.5 | 10 | 9.0 | 12 | 10.8 | 9 | 8.1 | 111 | 37.5 |
| TOTAL | 0 | 0.0 | 137 | 45.3 | 93 | 31.4 | 27 | 9.1 | 21 | 7.1 | 18 | 6.1 | 296 | 100.0 |

| SEX | MALE | | FEMALE | | NOT REPORTED | | TOTAL | |
|---|---|---|---|---|---|---|---|---|
| PASS | 141 | 76.2 | 44 | 23.8 | 0 | 0.0 | 185 | 62.5 |
| FAIL | 93 | 83.8 | 18 | 16.2 | 0 | 0.0 | 111 | 37.5 |
| TOTAL | 234 | 78.7 | 63 | 21.3 | 0 | 0.0 | 296 | 100.0 |

| RACE | CAUCASIAN | | BLACK | | SPANISH | | ORIENTAL | | OTHER | | NOT REPORTED | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PASS | 151 | 81.6 | 5 | 2.7 | 12 | 6.6 | 11 | 5.9 | 6 | 3.2 | 0 | 0.0 | 185 | 62.5 |
| FAIL | 76 | 68.5 | 5 | 4.5 | 12 | 10.8 | 9 | 8.1 | 10 | 9.0 | 1 | 0.9 | 111 | 37.5 |
| TOTAL | 227 | 76.7 | 5 | 1.7 | 24 | 8.1 | 20 | 6.8 | 16 | 5.4 | 1 | 0.3 | 296 | 100.0 |

BN255L2

DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF DENTISTRY EXAM STATISTICS
STAFF ANALYSIS

PROCESSED: 07/26/85
2232

EXAM DATE - JUNE, 1985

DENTAL

| SCHL CODE | SCHOOL NAME | PASSED | | FAILED | | TOTAL | |
|---|---|---|---|---|---|---|---|
| 09-001 | UNIVERSITY OF FLORIDA | 54 | 84.4 | 10 | 15.6 | 64 | 100.0 |
| | TOTAL IN STATE SCHOOLS | 54 | 84.4 | 10 | 15.6 | 64 | 100.0 |

47

BH155L1

DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF DENTISTRY EXAM STATISTICS

PROCESSED: 07/26/85
2252

EXAM DATE - JUNE, 1985

DENTAL

| | ORIGINAL # | ORIGINAL % | RETAKE # | RETAKE % | TOTAL # | TOTAL % |
|---|---|---|---|---|---|---|
| TOTAL CANDIDATES SCHEDULED | 372 | 80.3 | 90 | 19.3 | 462 | 100.0 |
| EXAMINED | 324 | 79.2 | 85 | 20.8 | 409 | 88.5 |
| NO SHOWS | 48 | 90.6 | 5 | 9.4 | 53 | 11.5 |
| CANDIDATES EXAMINED | | | | | | |
| WRITTEN | | | | | | |
| PASS | 296 | 91.4 | 13 | 61.9 | 309 | 89.6 |
| FAIL | 28 | 8.6 | 8 | 38.1 | 36 | 10.4 |
| TOTAL | 324 | 93.9 | 21 | 6.1 | 345 | 100.0 |
| ORAL DIAGNOSIS | | | | | | |
| PASS | 313 | 96.9 | 16 | 80.0 | 329 | 95.9 |
| FAIL | 10 | 3.1 | 4 | 20.0 | 14 | 4.1 |
| TOTAL | *323 | 94.2 | 20 | 5.8 | 343 | 100.0 |
| CLINICAL | | | | | | |
| PASS | 225 | 69.4 | 40 | 52.6 | 265 | 66.3 |
| FAIL | 99 | 30.6 | 36 | 47.4 | 135 | 33.7 |
| TOTAL | 324 | 81.0 | 76 | 19.0 | 400 | 100.0 |
| TOOK COMPLETE EXAM | | | | | | |
| PASS | 213 | 65.7 | 2 | 8.3 | 215 | 61.8 |
| FAIL | 111 | 34.3 | 22 | 91.7 | 133 | 38.2 |
| TOTAL | 324 | 93.1 | 24 | 6.9 | 348 | 100.0 |

| | OVERALL | | |
|---|---|---|---|
| PASS | 258 | 63.1% | |
| FAIL | 151 | 36.9% | |
| TOTAL | 409 | 100.0% | |

RETAKE ANALYSIS BY NUMBER OF RETAKES

| | 1ST RETAKE # | 1ST RETAKE % | 2ND RETAKE # | 2ND RETAKE % | 3RD RETAKE # | 3RD RETAKE % | MORE THAN 3 RETAKES # | MORE THAN 3 RETAKES % | TOTAL # | TOTAL % |
|---|---|---|---|---|---|---|---|---|---|---|
| TOOK WRITTEN ONLY | | | | | | | | | | |
| PASS | 0 | 0.0 | 1 | 50.0 | 1 | 100.0 | 0 | 0.0 | 2 | 66.7 |
| FAIL | 0 | 0.0 | 1 | 50.0 | 0 | 0.0 | 0 | 0.0 | 1 | 33.3 |
| TOTAL | 0 | 0.0 | 2 | 66.7 | 1 | 33.3 | 0 | 0.0 | 3 | 100.0 |
| TOOK ORAL DIAG ONLY | | | | | | | | | | |
| PASS | 0 | 0.0 | 4 | 100.0 | 2 | 100.0 | 0 | 0.0 | 6 | 100.0 |
| FAIL | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| TOTAL | 0 | 0.0 | 4 | 66.7 | 2 | 33.3 | 0 | 0.0 | 6 | 100.0 |
| TOOK CLINICAL ONLY | | | | | | | | | | |
| PASS | 0 | 0.0 | 31 | 75.6 | 1 | 50.0 | 0 | 0.0 | 26 | 66.7 |
| FAIL | 0 | 0.0 | 10 | 24.4 | 1 | 50.0 | 3 | 100.0 | 18 | 33.3 |
| TOTAL | 0 | 0.0 | 41 | 75.9 | 10 | 18.5 | 3 | 5.6 | 54 | 100.0 |
| TOOK COMPLETE EXAM | | | | | | | | | | |
| PASS | 1 | 50.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 4.5 |
| FAIL | 1 | 50.0 | 12 | 100.0 | 4 | 100.0 | 4 | 100.0 | 21 | 95.5 |
| TOTAL | 2 | 9.1 | 12 | 54.5 | 4 | 18.2 | 4 | 18.2 | 22 | 100.0 |

BIOGRAPHICS

| AGE GROUP | UNDER 23 YRS # | % | 23 - 29 YRS # | % | 30 - 35 YRS # | % | 36 - 40 YRS # | % | OVER 40 YRS # | % | NOT REPORTED # | % | TOTAL # | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PASS | 0 | 0.0 | 151 | 58.5 | 62 | 24.0 | 12 | 4.7 | 8 | 3.1 | 23 | 9.7 | 258 | 63.1 |
| FAIL | 2 | 1.3 | 68 | 45.0 | 33 | 21.8 | 15 | 10.0 | 16 | 10.6 | 17 | 11.3 | 151 | 36.9 |
| TOTAL | 2 | 0.5 | 219 | 53.5 | 95 | 23.2 | 27 | 6.6 | 24 | 5.9 | 42 | 10.3 | 409 | 100.0 |

| SEX | MALE # | % | FEMALE # | % | NOT REPORTED # | % | TOTAL # | % |
|---|---|---|---|---|---|---|---|---|
| PASS | 209 | 81.0 | 49 | 19.0 | 0 | 0.0 | 258 | 63.1 |
| FAIL | 128 | 84.8 | 23 | 15.2 | 0 | 0.0 | 151 | 36.9 |
| TOTAL | 337 | 82.4 | 72 | 17.6 | 0 | 0.0 | 409 | 100.0 |

| RACE | CAUCASIAN # | % | BLACK # | % | SPANISH # | % | ORIENTAL # | % | OTHER # | % | NOT REPORTED # | % | TOTAL # | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PASS | 227 | 88.0 | 6 | 2.3 | 13 | 5.0 | 11 | 4.3 | 0 | 0.0 | 1 | 0.4 | 258 | 63.1 |
| FAIL | 111 | 73.5 | 9 | 6.0 | 10 | 6.6 | 18 | 11.9 | 2 | 1.3 | 1 | 0.7 | 151 | 36.9 |
| TOTAL | 338 | 82.6 | 15 | 3.7 | 23 | 5.6 | 29 | 7.1 | 2 | 0.5 | 2 | 0.5 | 409 | 100.0 |

* One original candidate was not required to take the Oral Diagnosis exam.